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U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20219

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form epproved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 66-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

F	or Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U-	2. Fiscal Year Covered From:		
<del>5/7059</del> 11869	01:101:12005 Through: 12/31/2005		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.# 5/7059		
Name ALFREDO SANCHEZ	Name MAILHAWLERS LOCAL UNION#33		
P.O.B. 25364	Labor Organization File Number \$17-059		
P.O. BOQUERQUE, NM 87125-0364 P.O. Box, Bldg., Room No., if any	P.O. Box 25364 P.O. Box, Building and Room Number, if any		
Street	Street ALBUQUERQUE, NM 87125		
City	City		
State ZIP Code + 4	State ZIP Code + 4 8 7/25 6364		
5. Position in labor organization. HeALTh PLAN Representative			
Enter appropriate data below it, during the past facal year, you or your spouse or minor child directly or inclinedly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name	1		
santo			
Trado Name, if arry:			
	7.h Amount		
Trado Name, if arry:	7.b. Amount		
Trado Name, if arry: P.O. Box, Bldg., Room No., if arry:	7.b. Amount.		
Trade Name, if arry:  P.O. Box, Bldg., Room No., if arry:  Street	7.b. Amount		
Trade Name, if any:  P.O. Box, Bidg., Room No., if any:  Street  City			

Telephone Number

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

13.b. Is the Business an Employer

or Consultant

Name of Person Filing ALFREDO SANCHEZ	File Number 4 517059
B. Held an interest in or derived income or economic benefit with monetary valuables an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any).  Name FIRST HEALTH  Trade Name, if any:  P.O. Box, Bidg., Room No., if any  Street 3200 Highland Ave  City DOWNERS GROVE, T.L 60515  State ZIP Cude + 4	9. Business deals with: LAbor Organization  a Labor Organization  b. Trust  c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	Administrator of Health PLAN  over DNE(1) Billion
Street	11.b. Approximate dollar value of such dealing.
City State ZIP Code + 4	12.a. Nature of interest held or income received.  Food, Refreshments & busing furing Meetings
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.

14.b. Amount of payment.